

March 1991

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Clinical Center News

Fire in the CC Handled Efficiently and Quickly

Sometimes, when one thing goes wrong, many things will still go right.

In the early morning hours of January 12, around 3:30 a.m., a fire broke out in a laboratory on the 4N100 corridor.

The fire is believed to have been caused by a portable temperature immersion circulator that was left on and, subsequently, ignited combustibles in the laboratory. (Human error was a contributing factor, as is the case with most heat-generating equipment fires, but this specific

FIRE Continued on Page 6



CC Cafeteria to Offer Environmental Choices

Environmental concern is increasingly widespread these days. Many companies are becoming environmentally responsible in a variety of ways. In the Clinical Center, we are seeing the effects of this trend. Guest Services Incorporated (GSI) and Scott Worldwide Service are collaborating to offer consumers the option to recycle styrofoam materials known as polystyrene, such as drinking cups.

The B1 cafeteria will be offering several ways for consumers to help the environment by recycling. The cafeteria will have china mugs for customers to use and re-use. These 12-ounce mugs will be sold at cost, according to Sam Bavaro, Guest Services regional district manager. Each time a mug is used for either hot or cold beverages the mug holder will get 5 cents off of the beverage price. The first time a

customer purchases a mug the drink will be free of charge. The cafeteria will also carry new blue trays that can be taken out of the cafeteria, brought to the office, and taken back to the cafeteria, to be used over and over again in a continuing cycle. In addition, the cafeteria will increase the amount of silverware and china to provide a further choice if customers do not wish to use plastic food service items.

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Love Letters...

Praise for CC staff

For the past fifteen years, I have been making annual visits to the pulmonary branch of the NIH, trying to stay alive with the worst case of emphysema imaginable. During my recent visit to the seventh floor (after my preliminary exams) I was treated the best ever. My nurse, Dottie Heely, and my doctor, Dr. Casino, spent considerable time doing a thorough exam. Then the chief, Dr. McElvaney, came in and the three of them worked together and came back and gave me a good preliminary report and assured me that my doctor in West Virginia would also get a copy of the report. I have nothing but praise for these three people. Thank them for taking such good care of me.

Forever your friend,
N. Joe Rahall

HHS Employees of the Month November

Sila Claire

Ms. Claire is a superior pharmacy technician. She has willingly assisted to get the job done in the wake of two key resignations. She filled unit dose carts at the end of her shift, put away returned meds and placed med reorders for the next day. Her speed, accuracy and efficiency contributed greatly towards achieving pharmacy objectives during this personnel shortage. It is amazing what she is able to accomplish considering she is a full-time nursing student and provides for her family. She was recommended for this award for her efforts, which were above and beyond what is expected of her in serving the patients of NIH.

David Sanford

Mr. Sanford is an extraordinarily conscientious technologist who has mastered the intricacies of vascular and interventional radiology procedures to the extent that he is virtually indispensable. He is always one step ahead of the radiologist, doing anything that needs doing. He never says that he cannot or will not, or that he is busy. His attitude has always been that he will do whatever needs to be done. He is an exemplary employee.

HHS Employees of the Month January

Patricia Stein

Ms. Stein is well known in this department for her careful, high-quality secretarial work, but is equally highly regarded for the personal and caring qualities she brings to her position. She is often the telephone interface between this department and the public and I have received numerous compliments about the extraordinary effort she takes to make sure all of our callers receive personalized, courteous information. Ms. Stein always goes that extra step to add a personal touch to the department's mission.

Jane Thurber

Ms. Thurber was nominated for her exceptional technical competence and personal efforts in the Office of Management Services (OMSS). She has voluntarily worked with members of all OMSS teams to ease the transition to personal computer use as well as to assist in the resolution of problems relating to software applications. She has also been a catalyst in the stimulation of new ideas for further computerization of office functions across teams. Further, Jane has exhibited a positive attitude toward sharing ideas and information across teams.

CC News

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Editorial

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Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, Chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters and photographs are encouraged and can be submitted to Bldg. 10 room 1C255 or by calling 496-2563. Deadline for submission is the second Monday of each month.

CC Employees Receive PHS Awards



Jim Sayers of the Social Work Department

The revitalization of the Commissioned Corps billet system is one of the most significant challenges recently confronted by the Public Health Service (PHS) Commissioned Corps. A billet is a standardized description of all PHS position types that defines career development for officers in the PHS. The billet revitalization initiative developed directly from the 1988 recommendations of the PHS Revitalization Committee. The committee identified a need

for standardized billets to address the inconsistencies that had developed in the billet scoring and evaluation system since its establishment by the Advisory Committee on Public Health Personnel Systems in 1963. The billet revision immediately and positively affected all officers newly placed in the PHS.

Several CC employees have received awards for their participation in the standard billet initiative. Dr. James Sayers, Chief of the Social Work Department received a unit commendation award for his extra effort in responding to the revitalization effort for the social work category. Alberta Bourn, Chief of the Nutrition Department, and Gloria Stables, Chief of Clinical Nutrition Service, received unit commendations for their contribution to the reorganization of the standard billet for the dietitian category. ■



Alberta Bourn (R) and Gloria Stables (Center) of the Nutrition Department receive their awards from Larry Eldridge, CC Deputy Executive Officer for Operations.

“Phantom of the Opera” Tickets

Two box seat tickets of the “Phantom of the Opera” performance at the Kennedy Center are just one of the items that will be auctioned off at this year’s Patient Emergency Fund Auction.

The seventh annual auction to benefit the Patient Emergency Fund (PEF) at the Clinical Center is scheduled for May 14. The R&W Association is

sponsoring the PEF auction and collecting goods to be sold.

Donations to the PEF auction can be as diverse as a weekend vacation or items for the white elephant sale. Recent year’s donations included two tickets to the Washington Ballet, a two-night stay at the Carousel Hotel and Resort in Ocean City, an Elizabeth Arden makeover, a one-half hour airplane flight, front-end

alignment, photo portraits, and simple wills. Other donations included home-baked cookies and cakes for the bake sale, and many craft items.

Donations may be made to the R&W gift shop in Building 10, Room B1C206, or the main office in Building 31, Room B1W30. For further information, call Kelly Goka at 496-6061. ■

Cross-Cultural Health

Doctor-Patient Relationship: Case studies and Cultural Issues, with Gabriela Marin, M.D., NICHD

Thursday March 14, 2-3:30 p.m.
Bldg. 10, Lipsett Amphitheater

Little Patient Makes Big Impact on 7 East

He makes friends wherever he goes, uses a stethoscope, and likes to join doctors on unit rounds.

He is not a nurse. His name is Austin. He is a one-year-old boy from Liberty, Indiana, who recently participated in a CC protocol and, through the exceptional caring of CC doctors and nurses, lifted the hearts and spirits of CC patients and staff alike. At the time, Austin was one of the youngest heart patients ever to undergo treatment at the Clinical Center.

Austin was admitted to the CC for evaluation of cardiac abnormalities, according to Anthony Chang, Head, Clinical Service, 7E. Without warning, Austin's breathing and heart often stop. His mother has been able to revive him numerous times. According to Chang, his condition is "grossly abnormal" for a child his age.

The 7E staff was resilient in meeting the needs of such a young patient and the caring given to Austin during his stay was remarkable.

"It was because of the caring of the staff that Austin was able to participate in the protocol," says Bob Jones, Austin's social worker.

CC doctors and nurses went out of their way to make him as comfortable as possible. His hospital room was decorated with banners and toys in an attempt to create a nursery effect. For his first birthday, which occurred during his hospitalization, Austin was the recipient of a surprise party given by 7E (which was attended by more people than a one-year-old could dream of).

"We're trying to minimize the

effect of hospitalization on him," says Margaret Matula, Austin's primary nurse. "They have made it very homey for him. They are always concerned about not upsetting him."

Doctors and nurses literally got down on their hands and knees for the child. During a test of Austin's eye coordination in which he was to be monitored as he walked down a hallway, doctors lowered themselves to hands and knees in order to be level with him. Nurses were immediately attainable to soothe Austin if he became alarmed. During tests, nurses held Austin to help doctors perform the tests. In addition, Austin was given play instruments of his own.

"He likes stethoscopes," tells Margaret Matula. "He knows how to put them to his chest to listen."

"He would check the vital signs of the doctors while the doctors checked his," says Jones.

The expert care of Austin was indeed beneficial to the young child, but to his mother as well.

"Before Austin came to the Clinical Center, Austin's mother had never trusted being out of Austin's sight for any amount of time. She was able to learn to let go, due to the competency and caring demonstrated by the staff."

Despite his condition, Austin was an inspiration to the entire 7E unit. He charmed patients, doctors and nurses, adopted grandparents of other patients, and entertained the unit for a week that most people he touched will never forget. Patients offered to hold Austin while doctors used computers. Patients came to see him daily and looked for him traipsing around the 7E halls.

"He adopted so many older patients as grandparents," says Jones. "The patients just adored him."

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Austin and his mother at the Clinical Center



Austin and his mother share a laugh during his one-year birthday party at the Clinical Center.

AUSTIN Continued from Page 4

Everybody has enjoyed him. He makes friends with everybody," says Matula. "We had more traffic on 7E than we have

ever had," tells Jones. "The staff lingers and people are constantly coming by to see him. It's like...take a number to see who is going to hold him next."

Indeed Austin was the recipient of attention and care, but he gave to many people inspiration and pure joy.

"Patients were able to look beyond their own discomfort and situational depression to meet the needs of Austin," explains Jones. "Evidence of depressive reactions was diminished, if not completely eliminated, during Austin's stay here. It is remarkable the impact he had on our staff and patients."

Austin's stay at the Clinical Center passed quickly. However, memories of this little patient and his stay here will linger for some time.

Concludes Jones, "This experience truly reflects the ability of the staff to work together in a smooth, cohesive fashion, when given incentives such as a little boy named Austin." ■

FEEA Provides Assistance for Federal Employees

Recently, the Federal Employee Education & Assistance Fund (FEEA) passed the quarter million mark in emergency assistance when it paid the rent for a federal family in Maryland stricken by illness.

FEEA's motto is "federal employees helping federal employees." And, in fact, 90 percent of FEEA's funds come from federal employee donations. Most of these funds are received from employees who designate their Combined Federal Campaign (CFC) contributions to FEEA, pledge #0415 in the CFC.

"Many federal employees are still not aware that FEEA only receives CFC funds when employees designate their donation

directly to FEEA," says G. Jerry Shaw, Chairman of the FEEA Board of Directors. "Also, there are a surprising number of employees who do not have access to the CFC or who choose to make their charitable contribution outside of the CFC." The FEEA therefore has begun accepting direct tax-deductible contributions. Contribution can be sent to FEEA at 8441 West Bowles Ave., Suite 200, Littleton, CO 80123.

In addition to the emergency assistance program, FEEA provides educational benefits to civilian federal and postal families. With the help of the Blue Cross and Blue Shield Association, the sole corporate

sponsor of FEEA's scholarship program, FEEA has provided over \$235,000 in merit-based scholarships. FEEA has also arranged for more than \$5 million in low cost student loans to federal employees and their dependent family members. Donors may direct their check to either the FEEA emergency assistance or to the FEEA educational programs.

Information on FEEA educational programs can be obtained by sending a self-addressed, stamped envelope to FEEA at the address above. Employees needing emergency assistance can call FEEA toll free at 1-800-323-4140. ■

heater lacks thermal-safety features.) While this situation could have been very serious, the fire was rapidly contained and controlled with minimal damage to surrounding areas and no injuries or evacuations, according to James Wilson, chief of building services.

"You hope something like this will never happen," says Wilson. "But when it does, it gives you a chance to test your system. We found that a lot of things went right. The fire department came immediately and put the fire out."

The heat detector triggered in the laboratory signaled the fire detector, which signaled the NIH Fire Department and alerted them to the location of the fire. Montgomery County Fire and Rescue Service, Bethesda Fire Department, Navy Fire Department and Bethesda Chevy Chase Rescue Squad were called

and came to provide assistance.

"The fire was contained to that one lab," says Wilson. "The door, with a wire glass window, was closed. This kept it from spreading down the hallway." Wired glass, which is required by fire codes, is designed to resist high pressure and heat from fire.

Smoke inhalation, the leading cause of fatalities in fires, was minimal. The fire fighters were sent to check the nursing units on the east side of the building and there were no problems to those areas. There were minimal odors of smoke infiltration, mainly because the cross corridor doors were not propped open and closed automatically when the fire alarm was tripped.

The fire scene was secured by 4:30 a.m. At this time, the safety personnel were called to assess hazards in the lab.

"It is absolutely important for

safety personnel to be there because of chemicals and equipment in the lab," says Wilson. Safety checked all the fire fighters for radiation. No contamination was spread to adjacent areas.

In addition, chemical contamination was minimized. Wilson attributes this to the fact that all chemicals were stored in the cabinets and chemical fume hoods.

The extent of water damage was also slight, according to Wilson.

"Housekeeping did an outstanding job in keeping the water from spreading—especially with a night-time crew," says Wilson. "Everybody did his or her job."

For more information about fire safety in your area, contact the fire prevention section at 496-2372. ■

"We want to provide options for our customers," says Bavaro. "This is a voluntary program."

For plastic foam recycling, special corrugated containers will be placed in the cafeteria. You may have noticed new posters and boards displayed in the cafeteria that explain how and where to recycle. It is a very simple process for those who are interested in

participating.

According to Bavaro, four other NIH cafeterias will soon be offering the same recycling options, including (in order of being placed on line) Bldg. 35, Bldg. 31, Bldg. 1, the second floor cafeteria in Bldg. 10, and Bldg. 10 B1 lower level. Furthermore, several other government institutions are already success-

fully involved with recycling, such as the Federal Bureau of Investigation, the State Department, Department of Energy, and the Government Accounting Office.

Look for more information about this program in future *CC News editions*. ■

Persian Gulf Support Group for NIH at CC

A Persian Gulf support group for NIH employees has been established. The purpose of the group is to help friends and family members of service persons in the Gulf region deal with the stresses of the war.

Meetings will be held on

Mondays through April 1 in Building 31, Conference Room 4, at 12 noon. The March 4 meeting will be held in Building 31, conference room 7. The group, led by Kathleen Moore, M.A., and Jeanne Allegra, Ph.D., offers emotional support and practical

strategies and solutions for dealing with stress. If there is an ongoing need or interest, the meetings will continue past April 1. For more information call Kathleen Moore at 496-3164. This service is sponsored by the NIH Employee Counseling Service. ■

National Poison Prevention Week March 17-23

By Eddie O. Wolfe, R.Ph. and
Thomas E. Dorworth, M.S., R.Ph.

While poison prevention is the best antidote for poisoning, accidental poisoning can occur in any home at any time. In observance of Poison Prevention Week, the Outpatient Pharmacy Department in the Clinical Center is offering Ipecac syrup to all NIH patients and employees with children and elderly relatives. Ipecac syrup is the liquid treatment advised by health professionals to counter poisoning. In addition, the Outpatient Department is offering pamphlets on poisoning and proper procedures for administering Ipecac syrup. Those who are interested in more poison information are encouraged to talk with Outpatient pharmacists.

When National Poison Prevention Week was first observed in 1962, approximately 450 children under five years of age died each year of accidental poisoning. By 1978, that number decreased to 31 deaths in children under five due to accidental swallowing of medicines and household chemicals. Although this certainly is a great improvement, many believe that even one poison-related death in a year is too many. Today, more than one-half of all poisonings in the United States occur in children.

The next largest high risk group for accidental poisoning is the elderly.

The following are house-keeping rules to follow for poison prevention:

1. Keep items in original containers.
2. Leave the original labels on all products and read the labels before using.
3. Keep the light on when giving or taking medications.
4. Refer to medicine as 'medicine' not 'candy,' to children.
5. Clean out your medicine cabinet periodically and safely dispose of unneeded and out-dated medications.
6. Keep all household chemical products, such as window cleaners and detergents, out of reach and sight of children, preferably locked up when not in use.
7. Store medicines separately from household products.
8. In the event of accidental poisoning, call your poison center or physician FIRST before administering a wrong treatment.
9. Find out which poison center serves your

community and get the telephone number from the inside front cover of your phone book.

Regional poison centers, certified by the American Association of Poison Control Centers, offer comprehensive, state-of-the-art poisoning consultation services to guide you through poison emergencies—free of charge. The centers are staffed with highly trained pharmacists, nurses, medical toxicologists and a network of medical consultants. Poison centers manage 73 percent of reported at-home poisonings and thereby prevent countless unnecessary emergency department visits and hospitalizations. When guided by a regional poison center, home management of accidental poisoning is very safe and inexpensive.

Regional Poison Centers in this area are open 24 hours:

National Capital Poison Center
Georgetown University Hospital
Washington, D.C. (202) 625-3333

Maryland Poison Center
Baltimore, MD
1(800) 492-2414 ■

Transfusion Medicine to Hold Open House in April

The Department of Transfusion Medicine is planning an open house of their new facilities. The event will take place on April 8, from 2 p.m. through 5 p.m. Events

begin in the Lipsett Amphitheater and will continue in the department's new facilities located in room 1C711 in the west wing of the Clinical Center. Tours will be

conducted and refreshments will be provided. For more information, call Betty Colbert at 496-9702. ■



In February, more than 30 CC department heads and facilitators spent four and one-half days in training to learn the philosophy of Total Quality Management (TQM) and its application to the Clinical Center. Pat Murphy of the Radiology Department joins TQM Coordinators Pat McMahon (R) and Maureen Stoppenbach in the aftermath of the training session.

March Calendar of Events

- | | | |
|---|---|--|
| <p>6 Grand Rounds
12 noon-1 p.m. Lipsett Auditorium
<i>Myelodysplastic Syndromes</i>,
Arthur Nienhuis, M.D., NHLBI
<i>MPTP-Induced Parkinsonism: An
NIH Perspective</i>, Sanford Markey,
Ph.D., NIMH</p> | <p>20 Grand Rounds
12 noon-1 p.m. Lipsett Auditorium
<i>Strongyloides Stercoralis: this
"smallest worm will turn..."</i>, Franklin
Neva, M.D., NIAID, <i>View from
Camelot I: The Roots of the NIH
Clinical Center</i>, Donald
Frederickson, M.D., NLM</p> | <p>25, NIH Consensus Development
Conference
26, Gastrointestinal Surgery for
Severe Obesity, Call 496-3583
27 for more information.</p> |
| <p>13 Grand Rounds
12 noon-1 p.m. Lipsett Auditorium
<i>Sudden Infant Death Syndrome</i>,
Marian Willinger, Ph.D., NICHD
<i>Genetic Engineering of New
Cytotoxic Drugs</i>
Ira Pastan, M.D., NCI</p> | <p>21 Employee Counseling Service
Guest Lecture Series
12-1 pm, Bldg 10, Little Theater,
<i>Fight for Your Life: survival
techniques in living with cancer</i>,
Film & Discussion</p> | <p>27 Clinical Staff Conference
12 noon-1:30 p.m. Lipsett
Auditorium
<i>Familial Mediterranean Fever</i>
Daniel Kastner, M.D., NIAMS,
Moderator</p> |
| <p>14 Employee Counseling Service
Guest Lecture Series
<i>Bldg. 31, Conference Room #4</i>
noon-1 p.m. <i>The Other Side of
Wellness: dealing with chronic
illness</i></p> | <p>22 Bioethics Journal Club
3:30-5 pm
Bldg 10, Room 2C310
<i>Age as a Criterion for Rationing
Health Care</i>, For more information
call 496-2429.</p> | <p>11, Persian Gulf Support Group
18, Bldg. 31, Conference Room #7,
noon.
25 For more information call
Kathleen Moore at 496-3164.</p> |